

Evidence for change  
of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILE NO. G 1 JAN 16 1951

6691

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH. COUNTY <b>KENT</b>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <b>MD.</b> COUNTY <b>Kent</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>CHESTERTOWN</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Chestertown</b> RT. # 1 Box # 51.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Kent &amp; Queen Anne's Dr. Hosp.</b>		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <b>MARGARET</b>		4. DATE OF DEATH <b>1 / 5 1951</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>Colonial</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>S.</b>	8. DATE OF BIRTH <b>Jan. 10, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife - Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>John Anderson</b>		11. BIRTHPLACE (State or foreign country) <b>Chestertown, MD.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
16. SOCIAL SECURITY NO. <b>—</b>		14. MOTHER'S MAIDEN NAME <b>Charlotte Thomas</b>	
17. INFORMANT AND ADDRESS <b>Grover Rochester, Chestertown</b>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Cardiac Failure**

INTERVAL BETWEEN  
ONSET AND DEATH  
**2 weeks**

450.1

Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b) **Arteriosclerotic Gangrene - Foot**

**2 mos.**

(c)

**None**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No

21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)

INJURY OCCURRED  
OF  
INJURY  
m. While at Not While  
Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/30, 1950**, to **1/5, 1951**, that I last saw the deceased

alive on **1/5, 1951**, and that death occurred at **1 A.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

**Robert E. Cusack, M.D.**

**Chestertown, Md.**

**1/5/51**

23. BURIAL CREMATION  
REMOVAL (Specify)

DATE THEREOF  
**1/8/51**

NAME OF CEMETERY OR CREMATORIAL  
**Church Field**

LOCATION (City, town, or county)  
**Near Church Field Md.**

(State)

DATE REC'D BY LOCAL  
REG. **1-6-51**

REGISTRAR'S SIGNATURE  
**Clara S. Barnes**

24. FUNERAL DIRECTOR

ADDRESS

**Edgar L Lane Church Field**

**220826**



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8602

## CERTIFICATE OF DEATH

Reg. Dist. No. 2102

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME OF DECEASED) STATE		COUNTY	
Kent				Maryland		Kent	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural, give location)	
TOWN Chestertown				TOWN Chestertown		CANNON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Kenton Queen Anne's		STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		(First) Nellie	(Middle) Newman	(Last) Blackway	4. DATE OF DEATH JAN 8		(Year) 1951
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH	
Female		White		Mar. 28, 1894		9. AGE last birthday	
						56 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Store keeper				Grocery Owner		Baltimore City Md.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY	
Elmer H. Newman				Lillian Biddiss Biddson		USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)				16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	
No				no		Herman Blackway, Jr. Chestertown Md.	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Acute circulatory failure

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

## Antecedent cause(s)

(b) Myocarditis, chronic

10 years

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY						
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED White at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec. 1, 1950, to JAN. 8, 1951, that I last saw the deceased

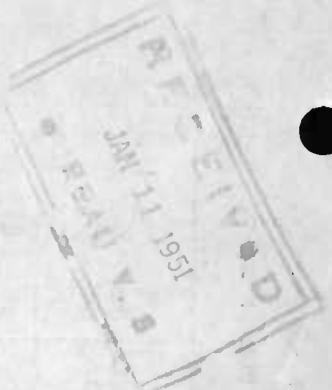
alive on JAN. 8, 1951, and that death occurred at 8:15 P.m., from the causes and on the date stated above.  
Degree or title ADDRESS DATE SIGNED

SIGNATURE

accide mis.

1-8-57

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial		Jan. 10 1951	Chester Cem.	Chestertown, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
Jan. 9-1951		Clara S. Barnes,		J. Willis Wells - Chestertown, Md.	
ADDRESS					



## **MARYLAND STATE DEPARTMENT OF HEALTH**

**2411 N. Charles Street, Baltimore**

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

0603

202

**PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. This is especially important. Physicians: Please write the causes of death clearly and legibly.

M&P&IN PRESERVED EOP BINDING

**PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. This is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY <i>Kent</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>same</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chestertown</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chestertown</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chestertown</i>		LENGTH OF STAY (in this place) <i>2 mos.</i>		STREET ADDRESS <i>Flatland Rd.</i>		(If rural, give location)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS									
3. NAME OF DECEASED (Type or Print)		(First) <i>George</i> (Middle) <i>William</i> (Last) <i>Capel, Jr.</i>		4. DATE OF DEATH <i>11/24/51</i>		(Month) <i>11</i> (Day) <i>24</i> (Year) <i>1951</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <i>Nov. 9, 1950</i>		9. AGE last birthday <i>1 yr.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Chestertown, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>George William Capel Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Thelma Darrell</i>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <i>George William Capel (Same)</i>					
18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
1125 Immediate cause (a) <i>Asphyxiation</i>									
118 Antecedent cause(s) (b) <i>Prematurity</i>									
118 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Vomiting</i>									
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>11/29/51</i> , 1951, to <i>1/24/51</i> , 1951, that I last saw the deceased alive on <i>1/20/51</i> , 1951, and that death occurred at <i>5 AM</i> , m., from the causes and on the date stated above. SIGNATURE <i>Edgar L. Barnes, M.D.</i> (Degree or title) <i>Chestertown</i> ADDRESS <i>124/51</i> DATE SIGNED									
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>Jan. 25</i>		NAME OF CEMETERY OR CREMATORIUM <i>Crumpton</i>		LOCATION (City, town, or county) (State) <i>Crumpton Md.</i>			
DATE REC'D BY LOCAL REG. <i>Jan. 24-1951</i>		REGISTRAR'S SIGNATURE <i>Edgar L. Barnes</i>		24. FUNERAL DIRECTOR Edgar L. Lane		ADDRESS <i>Church Hill, Md.</i>			

VS-A15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Kent		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Kent	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Chestertown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown	
LENGTH OF STAY (in this place) several years		STREET ADDRESS Pomona R.F.D.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Pomona		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Carrie	(Middle) Elizabeth	(Last) Dickerson
4. DATE OF DEATH Jan 26, 1951	(Month) (Day) (Year)		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 22, 1882
9. AGE last birthday 69 yrs.	If under 1 year Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Baltimore City, Md.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Henry Scheeler	14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT AND ADDRESS Mrs. Emma Slagle - Chestertown R.R.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
447x Immediate cause	(a) Heart failure	INTERVAL BETWEEN ONSET AND DEATH 6 months	
97 Antecedent cause(s)	(b) Arterial hypertension & arteriosclerosis	Dad Drew	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1951, to Jan 26, 1951, that I last saw the deceased alive on Jan 26, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above. SIGNATURE <i>Ruth Tan</i> (Degree or title) ADDRESS <i>Chesapeake Md</i> DATE SIGNED <i>Jan 27, 1951</i>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 28, 1951	NAME OF CEMETERY OR CREMATORIUM Chester Cem.	LOCATION (City, town, or county) (State) Chestertown, Md.
DATE REC'D BY LOCAL REG. Jan. 28-1951	REGISTRAR'S SIGNATURE <i>Clara J. Barnes.</i>	24. FUNERAL DIRECTOR J. Willis Wells Chestertown, Md	ADDRESS



## MARGIN RESERVED FOR BINDING

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## MARYLAND STATE DEPARTMENT OF HEALTH

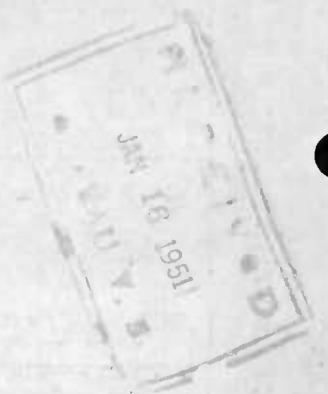
2411 N. Charles Street, Baltimore

(66)

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY <i>Kent</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Chestertown Park</i>		LENGTH OF STAY (in this place) <i>life</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Chestertown</i>	
STREET ADDRESS <i>onece st</i>		LENGTH OF STAY (in this place) <i>(If rural, give location)</i>	
3. NAME OF DECEASED (Type or Print) <i>Rachel</i>	(First) <i>Rachel</i>	(Middle) <i>ann</i>	(Last) <i>Graves</i>
4. DATE OF DEATH (Month) <i>Jan</i>	(Day) <i>11</i>	(Year) <i>1951</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>12/16/74</i>
9. AGE last birthday 76 yrs.	10. KIND OF BUSINESS OR INDUSTRY <i>House</i>	11. BIRTHPLACE (State or foreign country) <i>Kent Co</i>	12. CITIZEN OF WHAT COUNTRY? <i>daughter Mrs. Etta Barrett</i>
13. FATHER'S NAME <i>Wm. Johnson</i>		14. MOTHER'S MAIDEN NAME <i>amanda cause</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>- - - - -</i>	
17. INFORMANT AND ADDRESS <i>daughter Mrs. Etta Barrett</i>		18. MEDICAL CERTIFICATION <i>coronary occlusion, chronic myocarditis decompensated arteriosclerosis arteritis</i>	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause <i>420.1</i> (a) <i>coronary occlusion, chronic myocarditis decompensated</i>  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>92 e</i> (b) <i>arteriosclerosis</i>  (c) <i>arteritis</i>			
20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) Hour While at Work	HOW DID INJURY OCCUR? Not While At work
22. I hereby certify that I attended the deceased from <i>Oct</i> , 19 <i>50</i> , to <i>Jan 11</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Jan 8</i> , 19 <i>51</i> , and that death occurred at <i>7:00</i> m., from the causes and on the date stated above. SIGNATURE <i>A. A. Burgess</i>			
DATE SIGNED <i>1/13/57</i>			
23. BURIAL CREMATION REMOVAL (Specify) <i>cremation</i>	DATE THEREOF <i>Jan. 14-1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Pomona</i>	LOCATION (City, town, or county) (State) <i>Pomona</i>
DATE REC'D BY LOCAL REG. <i>Jan. 14-1951</i>	REGISTRAR'S SIGNATURE <i>Clara S. Barnes</i>	24. FUNERAL DIRECTOR <i>Edgar L. Lane church hall</i>	ADDRESS <i>720826</i>



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

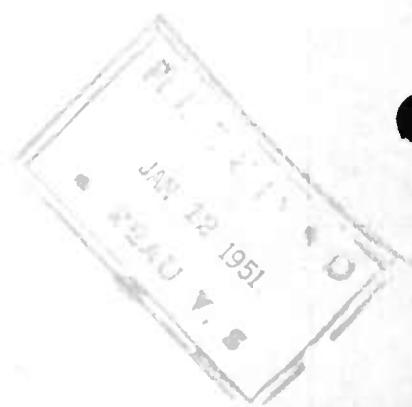
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2021  
C696

<b>1. PLACE OF DEATH-</b> COUNTY <b>Kent</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED-</b> STATE <b>Maryland</b> COUNTY <b>Kent</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Chestertown</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Chestertown</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Queen St.</b>		STREET ADDRESS (If rural give location) <b>Queen St.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print)	(First) <b>Hannah</b>	(Middle) <b>Ellen</b>	(Last) <b>Everett</b>
<b>5. SEX</b>	<b>female</b>	<b>6. COLOR OR RACE</b>	<b>white</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		<b>8. DATE OF BIRTH</b>	<b>9. AGE last birthday</b>
		<b>Oct. 2, 1866</b>	84 yrs.
11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Harvey Ryckman</b>		14. MOTHER'S MAIDEN NAME <b>Nancy Weston</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If year, give war or dates of service) <b>no</b>	
17. INFORMANT <b>Mrs. Lula Savington</b>		18. MEDICAL CERTIFICATION	
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>Coma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
334X Antecedent cause(s) <b>83a</b> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <b>ab of sleep, pericarditis</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., and that death occurred at....., from the causes and on the date stated above. SIGNATURE <i>JG Barnes</i> (Degree or title) ADDRESS <i>Chestertown Md</i> DATE SIGNED <i>1-18-51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE <b>Jan. 12 1951</b>	NAME OF CEMETERY OR CREMATORIUM <b>Crumpton Cem.</b>	LOCATION (City, town, or county) <b>Crumpton, Md.</b> (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Clara S. Barnes</i>	24. FUNERAL DIRECTOR <b>J. Willis Wells - Chestertown, Md.</b>	ADDRESS
Jan. 10-1951			



JAN 12 1951

2240 A. S.





## MARYLAND STATE DEPARTMENT OF HEALTH

6688

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH. COUNTY Kent		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Kent	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Chestertown		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 337 Cannon St.		STREET ADDRESS 337 Cannon St.		(If rural give location)			
3. NAME OF DECEASED (Type or Print) Lillian	(First) (Middle)	(Last) Johnson	4. DATE OF DEATH Jan. 14, 1951	(Month) (Day) (Year)			
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Mar. 18, 1902	9. AGE last birthday 48	yrs.	If under 1 year Months Days Hours	If under 24 hrs. Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife own home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Elizabeth Johnson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Elizabeth Johnson		337 Cannon St. Chestertown, Md.	

18. MEDICAL CERTIFICATION  
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHINTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause

(a) *epilepsia*

345x

Antecedent cause(s)

(b) *large decubitus ulcer of both hips.*

87d

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last(c) *multiple sclerosis*

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>				
TIME (Month)	(Day)	(Year)	(Hour)	HOW DID INJURY OCCUR?		
OF INJURY	m.					

22. I hereby certify that I attended the deceased from 1/9, 1951, to 1/14, 1951, that I last saw the deceased

alive on 1/9, 1951, and that death occurred at 11 45 P.m., from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

*Albert G. Burgard M.D.**Rockwell, Md.*

1/16/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 17, 1951	NAME OF CEMETERY OR CREMATORIAL Quaker Neck (col.) Cem. Pomona Kent County	LOCATION (City, town, or county) Md.	(State)
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DATE REC'D BY LOCAL REG. Jan. 16-1951	REGISTRAR'S SIGNATURE <i>Clara S. Barnes.</i>	24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md.	ADDRESS
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0610

## CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH COUNTY <i>Rent</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md.</i>		COUNTY <i>Kent.</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Rural Millington</i>		LENGTH OF STAY (In this place) <i>28 yr</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Millington</i>		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS					
3. NAME OF DECEASED (Type or Print)	(First) <i>STEPHEN</i>	(Middle) <i></i>	(Last) <i>KATONA</i>	4. DATE OF DEATH	(Month) <i>Jan</i>	(Day) <i>2</i>	(Year) <i>1907</i>
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Marrried</i>	8. DATE OF BIRTH <i>6-13-78</i>	9. AGE last birthday 92 yrs.	If under 1 year Months <i></i>	Days <i></i>	If under 24 hrs. Hours <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (State or foreign country) <i>Hungary</i>	12. CITIZEN OF WHAT COUNTRY? <i>Hungary</i>			
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S M AIDEN NAME <i>Unknown</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>unknown</i>		17. INFORMANT AND ADDRESS <i>Betty Katona, 180 Dupont St., Phila, Pa.</i>		18. MEDICAL CERTIFICATION	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) *Acute myocardial insufficiency*INTERVAL BETWEEN  
ONSET AND DEATH*curr day*

## 421.4 Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last  
*92d*(b) *Chr. Cardio Valvular disease**25 mos*(c) 

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.19a. DATE OF OPERATION *None*19b. MAJOR FINDINGS OF OPERATION *None*

20. AUTOPSY?

Yes  No 

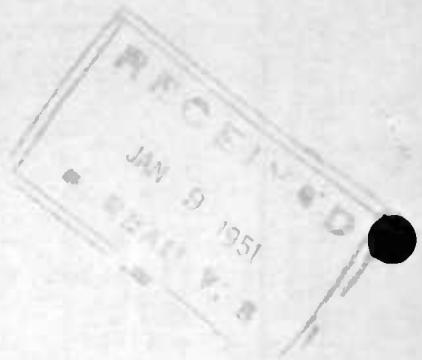
21. ACCIDENT SUICIDE HOMICIDE	(Specify) <i>none</i>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>none</i>	(CITY OR TOWN) <i></i>	(COUNTY) <i></i>	(STATE) <i></i>
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TIME (Month) <i>Feb</i> (Day) <i>1</i> (Year) <i>1949</i> (Hour) <i>4</i> (of INJURY <i>m.</i> )	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i></i>
---	--	-------------------------------

22. I hereby certify that I attended the deceased from *Feb 1, 1949*, to *Apr 25, 1950*, that I last saw the deceasedalive on *Apr 25, 1950*, and that death occurred at *1 A.m.*, from the causes and on the date stated above.  
SIGNATURE *A. H. Hamilton* ADDRESS *M.D. Millington Md.* DATE SIGNED *Jan 2, 1951*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>1-5-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Poly Sepulchre</i>	LOCATION (City, town, or county) <i>Ohio</i>	(State) <i>Pa.</i>
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DATE REC'D BY LOCAL REG. <i>Jan 3, 1951</i>	REG. <i>Edward Fellows.</i>	24. FUNERAL DIRECTOR <i>Edward L. Bell Millington</i>	ADDRESS <i>100105</i>
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## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2021

8611

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Kent MARYLAND		MD. KENT	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN CHESTERTOWN, MD. 4 days		TOWN BETTERTON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) Ma. RICHARD		4. DATE (Month) / (Day) OF DEATH 1/1 1951	
5. SEX M		(Year)	
6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	
8. DATE OF BIRTH Dec. 17 1905		9. AGE last birthday 45 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Mrs. Richard Krebs, Betterton		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Cardiac Failure		5 days	
Antecedent cause(s) (b) Solar pneumonia		6 days	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Not While m. Work At work	
OF INJURY		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/28, 1950, to 1/1, 1951, that I last saw the deceased alive on 1/1, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.			
SIGNATURE		(Degree or title) ADDRESS DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) cremation		NAME OF CEMETERY OR CREMATORIAL Silverbrook Crematory	
DATE REC'D BY LOCAL REG. Jan. 3-1951		LOCATION (City, town, or county) (State) Wilmington Delaware	
REG.		24. FUNERAL DIRECTOR ADDRESS	
REG.		B. R. Fellows Still Pond, Md.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0612

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH. COUNTY Kent		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Kent			
CITY (If outside corporate limits, write RURAL and OR give nearest town) Chesapeake TOWN		LENGTH OF STAY (in this place) 3 years			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Green Lane General		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Rural			
3. NAME OF DECEASED (Type or Print) Addie		4. DATE OF DEATH Jan 23 1957			
(First) m		(Last)			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Oct 6, 1890		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home			
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Samuel Biddle		14. MOTHER'S MAIDEN NAME Mary Savis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -			
17. INFORMANT AND ADDRESS Deceased from hosp. admission record		18. MEDICAL CERTIFICATION			
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>443x Immediate cause (a) Congestive heart failure      93d Antecedent cause(s) (b) Arterial hypertension      Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS      Conditions contributing to the death but not related to the disease or condition causing death. Obesity</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1-1-57, 19, to 1-23, 1957, that I last saw the deceased alive on 1-23, 1957, and that death occurred at 5:30 a.m., from the causes and on the date stated above.					
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED		
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)	
Jan. 25-1951	1/26/51	Church Hill	Church Hill	Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
Jan. 25-1951	Clara L. Barnes.	Edgar L. Lane	Church Hill, Md.		



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6613

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY Kent		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Chestertown		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Chestertown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 Maple Ave.		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) MARIA	(First) Middle	(Last) Power	4. DATE OF DEATH (Month) (Day) (Year) Jan. 5 1951
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Feb. 3 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Devon Home	9. AGE last birthday 83 yrs.
13. FATHER'S NAME John C. Hackett		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. No		14. MOTHER'S MAIDEN NAME Ephelia Woodlawn Hackett	
17. INFORMANT MRS J. FRANK CONNELLY DENTON, MD			

18. MEDICAL CERTIFICATION  
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Cancer*INTERVAL BETWEEN  
ONSET AND DEATH  
*3 mos*

Antecedent cause(s)

*33 IX*  
83a Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last(b) *cerebral hemorrhage*

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN) Chestertown	(COUNTY) Kent	(STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 5, 1951, to Jan. 5, 1951, that I last saw the deceased

alive on Jan. 5, 1951, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED  
*66-571*

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE Jan. 8 1951	NAME OF CEMETERY OR CREMATORIAL SUDLERSVILLE CEM.	LOCATION (City, town, or county) SUDLERSVILLE	(State) Md
DATE REC'D BY LOCAL REG. Jan. 6 - 1951	REGISTRAR'S SIGNATURE Clara S. Barnes.	24. FUNERAL DIRECTOR J. Willis Wells Chestertown, Md		



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0614

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

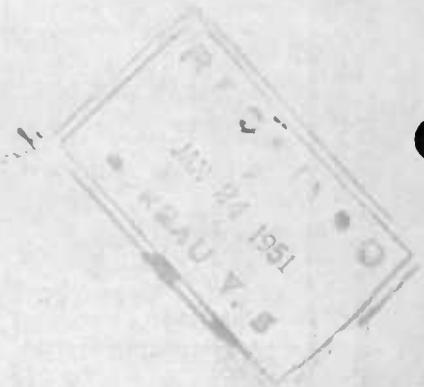
1. PLACE OF DEATH: COUNTY <i>Kent</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>MD.</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Chestertown</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Chestertown, R. #2</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Kent &amp; Greene Anne's Den. Hosp.</i>		STREET ADDRESS <i>Chest Oak Farm</i>	
3. NAME OF DECEASED (Type or Print) <i>BABY</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>1 21 1951</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>c</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH <i>1/17/51</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE last birthday If under 1 year Months Days Hours yrs.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Chestertown</i>	
13. FATHER'S NAME <i>Samuel Ringold</i>		12. CITIZEN OF WHAT COUNTRY <i>215 A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>Samuel Ringold - Same</i>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <i>(a) Hematemesis</i>		<i>12 hours</i>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>(a) Asphyxia from Aspiration</i>		<i>Minutes</i>
(b) Dehydration		<i>4 days</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>1/17</i> , 19 <i>51</i> , to <i>1/21</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/21</i> , 19 <i>51</i> , and that death occurred at <i>2 P.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>Robert E. Enser, M.D.</i>	(Degree or title)	ADDRESS <i>Chestertown</i>	DATE SIGNED <i>1/21/51</i>

23. BURIAL, CREMATION REMOVAL (Specify) <i>Big Woods</i>	DATE THEREOF <i>1/22/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Big Woods</i>	LOCATION (City, town, or county) <i>New Clementon, Pa.</i>	(State)
DATE REC'D BY LOCAL REG. <i>Jan. 22-1951</i>	REGISTRAR'S SIGNATURE <i>Clara S. Barnes.</i>	24. FUNERAL DIRECTOR <i>Edgar L. Lane Church Hill, Md.</i>	ADDRESS	



## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

6615

1. PLACE OF DEATH COUNTY Kent		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MD COUNTY Kent	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Chestertown, Md.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Chestertown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Sts., Chestertown, Md.		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) Mr. ERVIN		4. DATE OF DEATH (Month) (Day) (Year) 1 / 1 / 51	
(First) M (Middle) n (Last) ROBINSON		5. SEX M	
6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) w	
8. DATE OF BIRTH Nov. 5, 1870		9. AGE last birthday 80 yrs. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Warwick, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John W. Robinson		14. MOTHER'S MAIDEN NAME Josephine Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT AND ADDRESS Mr. Charles Jacobs - Chestertown		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
450.0 Immediate cause (a) Cardiac Failure			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (b) Generalized arteriosclerosis			
97 stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 5, 1951, to Jan. 7, 1951, that I last saw the deceased alive on Jan. 7, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.			
SIGNATURE		(Degree or title) ADDRESS	
23. BURIAL, CREMATION REMAINS (Specify) Burial		DATE THEREOF 1-10-51 NAME OF CEMETERY OR CREMATORIAL Still Pond Cemetery LOCATION (City, town, or county) Still Pond, Md. (State)	
DATE REC'D BY LOCAL REG. Jan. 8-1951		REGISTRAR'S SIGNATURE Clara S. Barnes. 24. FUNERAL DIRECTOR B.R. Fellows ADDRESS Still Pond, Md.	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6616

## CERTIFICATE OF DEATH

Reg. Dist. No. 200

M  
The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Kent	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Massy	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Massy	STREET ADDRESS
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) AMELIA	(Middle)	(Last) SHELTON
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 14 1861
10a. USUAL OCCUPATION (Give kind of work done during last 5 years of working life even if retired) Homework	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Valentine	14. MOTHER'S M AIDEN NAME Sheltor	15. WAS DECRAVED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS Mrs Pudly Eventh Massy mif.	

18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
422.1	Immediate cause (a)	Cerebral Thrombosis	
93d	Antecedent cause(s) (b)	Senile arteriosclerosis Cardio Vascular Disease	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 1946, to 28 Jan., 1951, that I last saw the deceased alive on 27 Jan., 1951, and that death occurred at 1309 a.m., from the causes and on the date stated above.					
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED		

23. BURIAL, CREMATION REMAINS (Specify)	DATE Jun 30 1951	NAM OF CEMETERY OR CREMATORIUM Massy Cem.	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. Jan. 29, 1951	REGISTRAR'S SIGNATURE Edward Fellows	24. FUNERAL DIRECTOR ADDRESS Edward Fellows Millington mif.	

FEB 5 1951

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

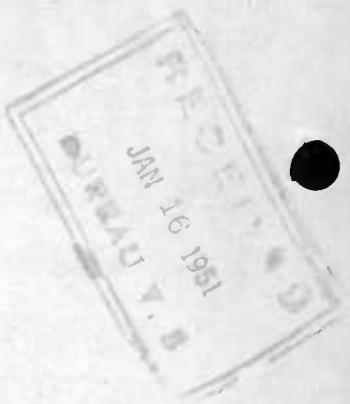
2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 203

0617

1. PLACE OF DEATH COUNTY <u>Kent</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Baltimore. Rock Hall or Lepre</u>		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>Bladensburg</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Walter</u>	(Middle) <u>Seroy</u>	(Last) <u>Disco</u>
4. DATE OF DEATH	(Month) <u>Aug</u>	(Day) <u>11</u>	(Year) <u>1941</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Crl.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 8-1937</u>
9. AGE last birthday If under 1 year Months <u>13</u> Days <u>0</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rock Hall R.R. Md</u>
12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME <u>Daniel R. Disco</u>	14. MOTHER'S MAIDEN NAME <u>Margaret Devine</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT AND ADDRESS <u>Daniel Disco - Rock Hall</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
353.3	Immediate cause <u>Convulsions - Sudden death.</u>	(a)	
85	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Epileptia of 8 years duration</u>	
		(c) <u>Sent to John Hopkins Hospital for 8 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Age 13 weight - 22 lbs. Obesity.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Medical Attention</u> , 19....., that I last saw the deceased alive on <u>dead Aug 11, 1941</u> and that death occurred at <u>4:30 P.M.</u> from the cause and on the date stated above. SIGNATURE <u>Frank J. Smith</u> (Degree or title) <u>Medical Examiner</u> ADDRESS <u>Shantown</u> DATE SIGNED <u>Aug 11, 1941</u>			
23. BURIAL, Cremation REMOVAL (Specify)	DATE THEREOF <u>Jan 14-1950</u>	NAME OF CEMETERY OR CREMATORIAL <u>Shantown</u>	LOCATION (City, town, or county) (State) <u>Rock Hall Kent Md.</u>
DATE REC'D BY LOCAL REG. REG.	REGISTRAR'S SIGNATURE <u>J. Elwood Binger</u>	24. FUNERAL DIRECTOR ADDRESS <u>Marvin J. Williams Shantown</u>	



## MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltimore

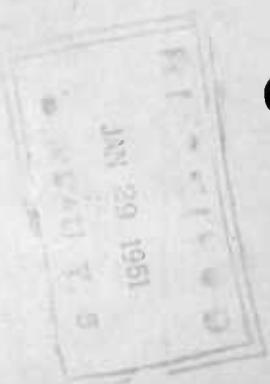
## CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Kent		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural (pomona)		LENGTH OF STAY (in this place) several years	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Pomona near Chestertown, Md.	
3. NAME OF DECEASED (Type or Print)		(First) Thomas	(Middle) Rose
4. DATE OF DEATH Jan. 24, 1951		(Last) Starr	(Month) (Day) (Year)
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH July 17, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY own shop	9. AGE last birthday 83 yrs.
10c. BIRTHPLACE (State or foreign country) Fulton Co. Penna		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Marcus Starr		14. MOTHER'S MAIDEN NAME Mary Mellott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. no	
17. INFORMANT AND ADDRESS Russell Starr- Chestertown, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 4214		(a) Coronary thrombosis	
Antecedent cause(s) 92e		(b) atherosclerosis, hypertension, arteriosclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/20, 1951, to 1/24, 1951, that I last saw the deceased alive on 1/24, 1951, and that death occurred at 5:45 P.M., from the causes and on the date stated above. SIGNATURE Q. A. Burgard M.D. ADDRESS Rock Hall DATE SIGNED 1/26/51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		NAME OF CEMETERY OR CREMATORIAL Jan. 27, 1951 Chester Cem.	
DATE RECED BY LOCAL REG. Jan. 27-1951		LOCATION (City, town, or county) (State) Chestertown, Md.	
REG. Jan. 27-1951		24. FUNERAL DIRECTOR J. Willis Wells- Chestertown, Md.	
REG. Jan. 27-1951		ADDRESS 501817	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH COUNTY <i>Scarf</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Rural Norton Kent-Md</i> COUNTY			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Rural Norton Md</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Colemans. Norton. Md.</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		(First) <i>Reese</i> (Middle) <i>Clifton</i> (Last) <i>Wally</i>	4. DATE OF DEATH <i>Jan 17 1951</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 7 1899</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cashier</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cashier</i>	9. AGE last birthday <i>51</i>		
13. FATHER'S NAME <i>Walter Wally</i>		11. BIRTHPLACE (State or foreign country) <i>Rural Norton Md.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>			
17. INFORMANT AND ADDRESS <i>Rohonda Licens Norton Rural Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
593x Immediate cause (a) <i>Bronchial Asthma.</i>					
130 Antecedent cause(s) (b) <i>rethritis.</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan 5, 1951</i> , to <i>Jan 17, 1951</i> , that I last saw the deceased alive on <i>Jan 17, 1951</i> , and that death occurred at <i>4:30 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>L. P. Atwells</i> ADDRESS <i>Stile Pond</i> DATE SIGNED <i>md.</i>					
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>1/21/51.</i>	NAME OF CEMETERY OR CREMATORIAL <i>Colemans</i>	LOCATION (City, town, or county) <i>Rural Norton</i> (State) <i>Md.</i>	
DATE REC'D BY LOCAL REG. <i>1/20/51 PM</i>		REGISTRAR'S SIGNATURE <i>E. Leonard Jones</i>	24. FUNERAL DIRECTOR ADDRESS <i>B. B. Bellows Still Pond</i>		



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 21021

1. PLACE OF DEATH COUNTY <i>Kent</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>		COUNTY <i>Kent</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Chestertown</i>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chestertown</i>		STREET ADDRESS <i>R.D. 5 - Chestertown, Maryland</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Bent &amp; Queen Anne Hospital</i>							
3. NAME OF DECEASED (Type or Print)	(First) <i>James</i>	(Middle) <i>Henry</i>	(Last) <i>Whittington</i>	4. DATE OF DEATH	(Month) <i>9</i>	(Day) <i>1887</i>	(Year)
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 8-1884</i>	9. AGE last birthday yrs. <i>66</i>	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Still Pond</i>		12. CITIZEN OF WHAT COUNTRY <i>Kent</i>	
13. FATHER'S NAME <i>James Henry Whittington</i>		14. MOTHER'S MAIDEN NAME <i>Charlotte Tilla Downes</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
						17. INFORMANT AND ADDRESS	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221 Immediate cause

(a) *Peripheral circulatory collapse*INTERVAL BETWEEN  
ONSET AND DEATH  
*24 hours*

462 Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last(b) *Hypertension, arteriosclerosis.**Years*

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not  
related to the disease or condition causing death.*Generalized carcinomatous due to cancer of the colon*19a. DATE OF OPERATION *1-4-57*19b. MAJOR FINDINGS OF OPERATION *Intestinal obstruction due to cancer of the colon*

20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE  
(Specify)PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURY *m.*INJURY OCCURRED  
While at Work  At work 

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-4*, 19*57*, to *Jan. 9*, 19*57*, that I last saw the deceasedalive on *Jan. 9*, 19*57*, and that death occurred at *11 A.M.* from the causes and on the date stated above.  
SIGNATURE *Al. Dick* (Degree or title) *Mid.* ADDRESS *Chestertown, Md. 1-9-57* DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>1-13-51</i>	NAME OF CEMETERY OR CREMATORIUM <i>Mt. Zion Cemetery</i>	LOCATION (City, town, or county) <i>Still Pond</i>	(State) <i>Md.</i>
DATE REC'D BY LOCAL REG. <i>Jan. 12-5-1951</i>	REGISTRAR'S SIGNATURE <i>Clara L. Barnes</i>	24. FUNERAL DIRECTOR <i>B. P. Fellows</i>		
		ADDRESS <i>Still Pond, Md.</i>		



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH COUNTY <i>Kent</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Havre de Grace</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Betterton</i>		LENGTH OF STAY (in this place) <i>15 days</i>		STREET ADDRESS		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)	(First) <i>FANNIE</i>	(Middle) <i>HOKE</i>	(Last) <i>WILLIAMS</i>	4. DATE OF DEATH	(Month) <i>JAN</i>	(Day) <i>2</i>	(Year) <i>1951</i>
5. SEX	6. COLOR OR RACE <i>Female White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>Aug. 25, 1868</i>	9. AGE last birthday yrs. <i>82</i>	If under 1 year Months <i>4</i>	If under 24 hrs. Days <i>8</i>	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>Edward P. McConnors</i>		14. MOTHER'S MAIDEN NAME <i>Lidia Deaver</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
				17. INFORMANT <i>Ed. Watson 520 Franklin St. Havre de Grace, Md.</i>		18. MEDICAL CERTIFICATION	

MARGIN RESERVED FOR BINDING

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATHImmediate cause  
*447x*(a) *Endocarditis.*Antecedent cause(s)  
*90d*Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last(b) *High Blood Pressure*(c) *Arterial Sclerosis.*

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) m.	(Hour) While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? Not While Work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from *Jan. 5th*, 1951, to *Jan. 2*, 1951, that I last saw the deceased alive on *Jan. 2*, 1951, and that death occurred at *1 a.m.* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

*L. P. Atwell**Still Pond**Ind.*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Jan. 6, 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Angel Hill Cemetery</i>	LOCATION (City, town, or county) <i>Havre de Grace</i>	(State) <i>Md.</i>
DATE REC'D BY LOCAL REG.	REG. <i>1/3/51</i>	REGISTRAR'S SIGNATURE <i>Edmund Jones</i>	24. FUNERAL DIRECTOR <i>B. R. Fellows</i>	ADDRESS <i>Still Pond, Md.</i>



MARGIN RESERVED FOR BINDING

Evidence for addition  
in #18 shown on:

## MARYLAND STATE DEPARTMENT OF HEALTH

**2411 N. Charles Street, Baltimore**

0622

WASH 6-1100 JAN 30 1951

## CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		Kent County		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		Rural Norton md		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		(If rural, give location)				
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs Days	19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Tumors, benign. Hips and upper legs. (1-30-51 - ams)		21. ACCIDENT SUICIDE HOMICIDE		20. AUTOPSY?		
(Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.)		(CITY OR TOWN)	(COUNTY)	(STATE)		
INJURY								
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work	Not While At work	HOW DID INJURY OCCUR?		
OF INJURY								

**PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

